



MISSOURI DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SERVICES

**VERIFICATION OF DRIVING EXPERIENCE FOR SKILL PERFORMANCE
EVALUATION (SPE) CERTIFICATE TO OPERATE INTRASTATE COMMERCIAL
MOTOR VEHICLES**

SPEC-E FORM

(AFFIDAVIT OF DRIVING
EXPERIENCE)

MAIL COMPLETED FORM TO:

ATTN: MEDICAL EXEMPTION PROGRAM
MOTOR CARRIER SERVICES
P.O. BOX 893
JEFFERSON CITY, MO 65102-0893

IF ASSISTANCE NEEDED, CALL:
573-522-9001 OR Toll Free at 1-866-831-6277
FAX 573-522-4260

SECTION 1. IDENTIFICATION OF DRIVER-APPLICANT

DRIVER-APPLICANT'S FULL NAME

RESIDENCE ADDRESS

DATE OF BIRTH

CITY

STATE

ZIP

SOCIAL SECURITY #

SECTION 2. DRIVER-APPLICANT'S EMPLOYER

A
YES ☐ NO ☐ IS APPLICANT PRESENTLY EMPLOYED BY YOU TO OPERATE A COMMERCIAL MOTOR VEHICLE(S)?

B
YES ☐ NO ☐ HAVE YOU PREVIOUSLY EMPLOYED APPLICANT TO OPERATE A COMMERCIAL MOTOR VEHICLE, BUT APPLICANT NO LONGER WORKS FOR YOU.

EMPLOYER'S NAME

EMPLOYER'S USDOT # OR ICC#

EMPLOYER'S ADDRESS

CITY

STATE

ZIP

(AREA CODE) TELEPHONE #
()

SECTION 3. TYPE OF OPERATION DRIVER-APPLICANT PERFORMS OR PERFORMED FOR YOU

VEHICLE TYPE: (TRUCK, TRUCK-TRACTOR, BUS, LIMO, ETC.)

VEHICLE MAKE:

VEHICLE MODEL:

VEHICLE YEAR:

MANUFACTURER'S GROSS VEHICLE WEIGHT RATING (GVWR) OF VEHICLE DRIVEN BY APPLICANT

VEHICLE LICENSED WEIGHT (LICENSE PLATE) OF VEHICLE DRIVEN BY APPLICANT

AVERAGE HOURS PER WEEK DRIVEN ON PUBLIC HIGHWAYS

DATE (MONTH/DAY/YEAR) APPLICANT STOPPED DRIVING FOR YOU

DATE (MONTH/DAY/YEAR) APPLICANT STARTED DRIVING FOR YOU

SECTION 4. DESCRIPTION OF DRIVER'S PERFORMANCE

A ☐ PLEASE DESCRIBE IN YOUR OWN WORDS, THE DRIVER'S PERFORMANCE WHILE UNDER YOUR EMPLOYMENT AS A DRIVER. PLEASE INCLUDE ANY AND ALL DETAILS YOU DEEM RELEVANT TO THE DRIVER'S QUALIFICATIONS.
← CHECK BOX IF MORE SPACE IS NEEDED AND YOU USE THE BACKSIDE OF THIS FORM.

SECTION 5. DRIVER-APPLICANT'S CERTIFICATION AND VERIFICATION

I CERTIFY THAT, EXCEPT FOR THE PHYSICAL CONDITION(S) INDICATED ABOVE, I AM OTHERWISE FULLY QUALIFIED UNDER PART 391 ("QUALIFICATION OF DRIVERS") OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (TITLE 49, CODE OF FEDERAL REGULATIONS) TO DRIVE AND OPERATE COMMERCIAL MOTOR VEHICLES.

I CERTIFY THAT I HAVE DISCLOSED TO ALL MEDICAL PROFESSIONALS WHO ARE IDENTIFIED IN THIS FORM AND ALL ATTACHMENTS, THE FULL, TRUE AND CORRECT INFORMATION CONCERNING MY MEDICAL HISTORY AND MY PRESENT PHYSICAL CONDITION.

I EXPRESSLY AUTHORIZE THE MISSOURI DEPARTMENT OF TRANSPORTATION, THE MISSOURI HIGHWAYS AND TRANSPORTATION COMMISSION, AND THEIR AUTHORIZED PERSONNEL, TO FURTHER INVESTIGATE MY QUALIFICATIONS, AND I AUTHORIZE ALL PHYSICIANS, HOSPITALS, PHARMACIES, AND ALL OTHER HEALTH CARE PROVIDERS OR HEALTH INSURERS TO ALLOW ACCESS AND PROVIDE COPIES OF ALL OF MY PERSONAL MEDICAL RECORDS TO AUTHORIZED PERSONNEL OF THE MISSOURI DEPARTMENT OF TRANSPORTATION OR THE MISSOURI HIGHWAYS AND TRANSPORTATION COMMISSION FOR THESE PURPOSES.

I CERTIFY THAT IF ANY INFORMATION PROVIDED TO MoDOT IN RELATION TO THIS APPLICATION, INCLUDING (BUT NOT LIMITED TO) MY ADDRESS, PHYSICAL CONDITION, DRIVING RECORD, LICENSE STATUS, OR ANY OTHER PERTINENT INFORMATION, SHALL CHANGE OR BECOME INCORRECT AFTER THIS DATE, THEN I WILL IMMEDIATELY FILE AMENDED OR SUPPLEMENTAL INFORMATION, SO THAT ALL RELEVANT INFORMATION PROVIDED TO MoDOT IS KEPT CURRENT AND ACCURATE.

I UNDERSTAND THAT, IF A SPE CERTIFICATE IS ISSUED TO ME, THEREAFTER MODOT MAY SUSPEND AND REVOKE ANY SPE CERTIFICATE ISSUED TO ME IF I VIOLATE OR FAIL TO COMPLY WITH ANY APPLICABLE TRAFFIC LAWS, REGULATIONS OR ORDERS, OR ANY CONDITIONS STATED IN MY SPE CERTIFICATE, OR IF I AM INVOLVED IN ANY TRAFFIC ACCIDENT OR CRASH WHILE DRIVING ANY MOTOR VEHICLE.

I FURTHER DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSOURI AND THE UNITED STATES OF AMERICA THAT ALL THE INFORMATION STATED IN THIS APPLICATION AND ALL ATTACHED INFORMATION ARE TRUE AND CORRECT.

APPLICANT'S SIGNATURE

DATE SIGNED:

APPLICANT'S NAME (Printed)

SECTION 6. EMPLOYER CERTIFICATION AND VERIFICATION

I FURTHER DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSOURI AND THE UNITED STATES OF AMERICA THAT ALL THE INFORMATION STATED IN THIS APPLICATION AND ALL ATTACHED INFORMATION ARE TRUE AND CORRECT.

EMPLOYER'S NAME (Printed)

EMPLOYER'S TITLE (Printed)

EMPLOYER'S SIGNATURE

DATE SIGNED: